

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer P. GageName of deceased Ellen A. O'NeilAge 77 years 6 months 5 daysPlace of death Gardaville, Mass.Date of death January 8, 1948.Cause of death Pneumonia BronchialInterment at Puritan Cem. South BostonDate permit issued January 10, 1948Certified by Poland S. Newton M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro, Mass.

Name of deceased Ellen A O'Neil

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)

on Jan 10, 1948 (Entombed)

Certified by J. M. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to F. A. CooksonName of deceased Frank Leslie HaynesAge 63 years 11 months 8 daysPlace of death SouthboroDate of death Jan. 11, 1948Cause of death Sudden death, presumably ^{congenital} ~~and~~ sclerosisInterment at Edged Gore, FraminghamDate permit issued Jan. 13, 1948Certified by Master of Mohoney M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased Frank Leslie Haynes.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edgell Grove Cemetery, Framingham.....
(Name of cemetery or crematory)

on January 13, 1948

Certified by Wayne L Morgan, Sup't
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Delina (Paluzzi) FayAge 59 years months daysPlace of death Pleasant St. FayvilleDate of death Jan 19, 1948Cause of death Cerebral hemorrhageInterment at Rural SouthbowDate permit issued January 20, 1948Certified by C. W. Smith M. D.

No. 34

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Velma Fay

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Morial Park, Southboro
(Name of cemetery or crematory)on Entombed, Jan. 22, 1948Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. TigheName of deceased Rose Ann MattioliAge 89 years 9 months - daysPlace of death SouthboroDate of death Feb. 27, 1948Cause of death Arteriosclerotic
Heart DiseaseInterment at Rural CemeteryDate permit issued Feb. 29, 1948Certified by Wm. D. Roach, M. D.

Entombed Mar. 1, 1948

No.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Board of Health.....
(Office issuing permit)City or Town of..... Southborough..... Mass.Name of deceased .. Rose Ann Mattioli.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Entombed Mar 1, 1948
at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on

Certified by Walter M. Offord
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Davina T. HarperName of deceased Fred A. HillAge 76 years 9 months 8 daysPlace of death SouthboroDate of death March 10, 1948Cause of death Sudden
presumably, coronary
scerosisInterment at Rural, WorcesterDate permit issued March 10, 1948Certified by Naomi Mahoney M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... **Board of Health**
(Office issuing permit)

City or Town of..... **Southboro**..... Mass.

Name of deceased .. **Fred A. Hill**.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

at

(Name of cemetery or crematory)

on

March 12, 1948.

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John RoseName of deceased Philip EatonAge 67 years — months 9 daysPlace of death Middleton, R. I.Date of death March 9, 1948Cause of death ArteriosclerosisHeart DiseaseInterment at Rural Cemetery, SouthboroDate permit issued Mar. 12, 1948Certified by 3 M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to... Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased ... Philip Eaton.....

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Entombed-Rural Cam. Southboro, Mass.
(Name of cemetery or crematory)

on ... March 12, 1948..... 10 A.M......

Certified by, Natalie M. Hobbs
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

State of Rhode Island

REMOVAL OR BURIAL PERMIT.

The Sexton must indorse the back of this permit and return it to the City or Town Clerk where the burial takes place on or before the fifth day of the month next succeeding.

Clerk's Office

R. I.

March 10, 1948

PERMISSION IS HEREBY GIVEN TO REMOVE THE BODY OF

Philip Eaton

for burial at

Southboro man.

Rural Cemetery

Date of Death March 9 1948 Age 63 years 0 months 9 days

Place of Death West Farm Nursing Home Middletown R.I.

Cause of Death Arterio Sclerotic Heart Disease

Funeral Director P. H. O'Neill Inc.

James A. Peckham,
Local Registrar

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Buisson & MorrisName of deceased Rose P. CarrollAge 58 — months — daysPlace of death Portsmouth, N.H.Date of death Mar. 9, 1948Cause of death not stated on H.H. PermitInterment at Rural, SouthboroDate permit issued Mar. 12, 1948

Certified by _____ M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased Rose R. Carll

If a U. S. War Veteran, specify what war, organization, etc.

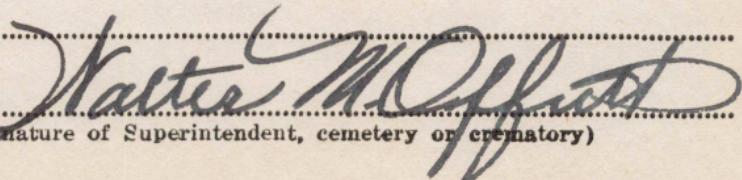
ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery-Southboro
at Entombed-Mar. 12, 1948..... 11 A.M.....
(Name of cemetery or crematory)

on

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

NEW HAMPSHIRE



PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

City or
Town of

Burial Permit No.

Portsmouth

Full name of deceased

Place of death

Date of death

Method of disposal

Town or City

A certificate of death having been filed as required by the laws of this State, permission is hereby given

to

Address

(Funeral Director)

to dispose of body of

said deceased as above stated.

Dated at

(Address)

this day of

19

Signature

(Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Body was

on

19

in

(State whether cremated, buried, stored, etc.)

(Cemetery or Crematory)

Place

Signature

(Sexton or person in charge)

Form BT-1 9-46-15M

SEE OTHER SIDE

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial takes place.

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer O'GagaName of deceased Mabel (Curier) StaggAge 80 years 6 months 28 daysPlace of death FayvilleDate of death March 16, 1948Cause of death Carcinoma of the breastInterment at Glenwood, Everett, Mass.Date permit issued March 16, 1948Certified by Wilfred Watson M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to... Board of Health.....
(Office issuing permit)

City or Town of..... Southborough..... Mass.

Name of deceased Mabel (Currier) Staigg.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at GLENWOOD CEMETERY.....

(Name of cemetery or crematory)

on March 18, 1948

Certified by John F. Corbett.....

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Board of Health
(Office issuing permit)

City or Town of..... Southboro Mass.

Name of deceased .. Lydia A. Still

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forestvale Cemetery
(Name of cemetery or crematory)

on March 25, 1948

Certified by Henry Huber Superintendent
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. TigheName of deceased Louis H. HayAge 75 years 7 months - daysPlace of death SouthboroDate of death March 29, 1948Cause of death Sudden deathpresumably coronaryatherosclerosisInterment at Reed SouthboroDate permit issued March 31, 1948Certified by Walter H. Mahoney M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased..... Louis W. Fay.....

If a U. S. War Veteran, specify what war, organization, etc.

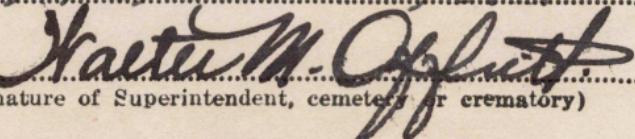
ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.....
(Name of cemetery or crematory)

on March 31, 1948..... 3 P.M.

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Martin Murphy Co.
ClintonName of deceased Mary A. Dundass BillAge 60 years months daysPlace of death Baker Rest. Home, Latisquame RdDate of death April 7, 1948Cause of death Acute Cardiac Dilatation.Interment at St. John's Cemetery - LancasterDate permit issued April 8, 1948Certified by John J. Lepore M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased Mary A. D. Bill

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's Cemetery Lancaster
(Name of cemetery or crematory)

on April - 10 - 1948

Certified by Rev. Joseph E. Flynn Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer SageName of deceased James Fairbarn TelferAge 52 years 7 months 15 daysPlace of death Southboro - E. Main St.Date of death 25 April '48Cause of death Carcinoma of RectumInterment at Rural - CemeteryDate permit issued 26 April '48Certified by Roland S. Newton M. D.

No. 37**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James Fairbarn Jelfs

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on April 28, 1948 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *John J. Brown*Name of deceased *Edmond F. Hayes*Age *85* years months daysPlace of death *Bethelboro* - *Melendy Rest Home*Date of death *June 28, 1948*Cause of death *Natural causes - presumably coronary Thrombosis & contributory malnutrition + arteriosclerosis*Interment at *Marlboro - Immaculate Conception*Date permit issued *June 28, 1948*Certified by *S. Alden Guild (Grafton)* M. D.

No. 38

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edmond F. Hayes

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at J. C. Cemetery, Marlboro
(Name of cemetery or crematory)on June 29, 1948Certified by John D. MacEachern
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 39**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

*J. J. Brown**95 W Main*

Name of deceased

*Margaret V. Collins.*Age 78 years months days

Place of death

Arch. Brown

Date of death

July 5 '48

Cause of death

*cardiac embolus.*Interment at *Immac. Concep. Mart.*

Date permit issued

July 6 '48

Certified by

G. W. Smith

M. D.

No. 39

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Margaret V. Collins

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception, Marlboro
(Name of cemetery or crematory)on July 7, 1948Certified by Patricia F. Buckley
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Howard C. Allen653 Main St, ShrewsburyName of deceased Edw. Wm. BartlettAge 21 years 10 months 25 daysPlace of death Gordenville RdDate of death 10 July '48Cause of death multiple skull fractures + brain lacerations - auto acc.Interment at Mt. View Cemetery
ShrewsburyDate permit issued July 11 '48Certified by S. Allen Guild M. D.

No. 40**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward William Bartlett

If a U. S. War Veteran, specify what war, organization, etc.

WW 2**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit
was disposed of in accordance with its termsat Mountain View Cemetery
(Name of cemetery or crematory)on July 12-1988
L. C. AllenCertified by L. C. Allen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Wm M. Tighe - MarlboroName of deceased Margaret Dunn StewartAge 85 years months daysPlace of death Baker's Rest Home
Latisquama Rd.Date of death July 19 '48Cause of death Chronic Myocarditis
Decomp.Interment at Immac. Concep - MarlboroDate permit issued July 20 '48Certified by John F. Collins M. D.
Marlboro

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *John J. Brown*Name of deceased *Frank J. Mattioli*

Age 57 years 4 months days

Place of death *E. Main St., Southboro*Date of death *Aug. 5 '48*Cause of death *(Uremia) Essential Hypertension*Interment at *Rural Cemetery, Southboro*Date permit issued *Aug. 6 '48*Certified by *Hugh Folsom* M. D.

No. 42**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frank J. Matheoli

If a U. S. War Veteran, specify what war, organization, etc.

World War I X**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on August 7, 1948 11 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper

Name of deceased Roy Sparhawk

Age 63 years 11 months 5 days

Place of death Southville

Date of death Aug. 20 - 1948

Cause of death Sudden death, presumably
Coronary Delerosis

Interment at Rural - Cremation

Date permit issued Aug. 22 - 1948

Certified by Timothy P. Stone M. D.
R. H. Boast

No. *43***BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Roy Sparrowuk

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory)on August 23, 1948Certified by James Hansen, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OppeltName of deceased Raymond Alex. HollensbyAge 59 years — months — daysPlace of death Philadelphia, Pa.Date of death Sept 5, '48Cause of death UremiaInterment at Rural Cemetery, SouthboroDate permit issued 9 Sept 48Removal Permit: Pennsylvania
Certified by #17439 dtd 7 Sept - M. E. Morris, M. D.
Registrar - Philadelphia

No. 44.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Sudbury Mass.Name of deceased Raymond A. Follenby

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery
(Name of cemetery or crematory)on Sept 9, 1948Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Joseph F. Edwards.Name of deceased John F. Mulvey

Age 77 years 11 months 12 days

Place of death Baker Res't. Home, SomervilleDate of death Sept 21, '48Cause of death sudden death - presumably
coronary sclerosisInterment at At. Manjo - Milford.Date permit issued Sept 21, '48Certified by Walter F. Mahoney M. D.
med. examiner

No. 45

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Clerk, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John F. Mulvey

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's
(Name of cemetery or crematory)on Sept 23. 1948Certified by Rev. J. Gleeson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to J. Standish StephensonName of deceased Harriet M. DoaneAge 82 years 2 months daysPlace of death Baker Rest Home, SouthboroDate of death Oct 2 1948Cause of death Arteriosclerotic Heart Disease.Interment at Rural Cemetery, WorcesterDate permit issued Oct 3 '48Certified by J. F. Annunziata M. D.

No. 46

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Agent, Board of Health
(Office issuing permit)City or Town of..... Southboro Mass.Name of deceased Harriet M. Doane

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.
at

(Name of cemetery or crematory)

on October 4, 1948.Certified by Emmett Hansen

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Sgt John S. MacNeill

b VII - 2 - 1915

d VIII - 15 - 1944

Age 29 years 1 months 13 daysPlace of death KIA - FranceDate of death Aug 15 '44Cause of death KIAfrom St. Corneille Cem, Le Mans, FranceInterment at Rural Cem - Southboro.Date permit issued Oct 18 '48Federal (Army) Permit No NY017RCertified by M. D.

No. 47

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to..... Agent - Board of Health.
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Sgt. John S. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

15th A.I.B., 5th Arm'd Div

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southgate
(Name of cemetery or crematory)

on Oct. 18, 1918

Certified by W. J. J. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer G. GageName of deceased Percy S. CreedmanAge 68 years 3 months 19 daysPlace of death Baker Rest HomeDate of death Oct 22 '48Cause of death Arteriosclerotic Heart DiseaseInterment at Rural Cemetery, WorcesterDate permit issued Oct 23 '48Certified by G. W. Smith M. D.

No. 48.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Agent, Board of Health
(Office issuing permit)City or Town of..... Southboro..... Mass.Name of deceased Percy S. Creelman.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.at
(Name of cemetery or crematory)on Oct. 25, 1948Certified by Donald Hansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 33

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Juliette (Bright) Field

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on Oct. 31, 1947Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm M Tighe

Name of deceased Patrick M Salmon

Age 81 years 4 months 11 days

Place of death Lynn Haven - home

Date of death Nov 2 '48

Cause of death A.S Heart dis

Interment at Rural Cem

Date permit issued Nov 2 '48

Certified by Wm Roche M. D.

No. 49

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permits)City or Town of Southboro Mass.Name of deceased Patrick M. Salmon

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on November 4, 1948 10 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No.
*50***BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to *J. J. Callanan - Hopkins*Name of deceased *Delia Burton (nee Kane)*Age *92* years *10* months - daysPlace of death *Baker Rest. Home*Date of death *Nov 5 '48*Cause of death *Arteriosclerosis*
*Hypostatic Pneumonia due to Senility*Interment at *Holyhood Cem - Brookline*Date permit issued *Nov 6 '48*Certified by *Amuny's Atta* M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. Offutt

Name of deceased Edgell 9. Thomas

Age 69 years - months - days

Place of death

Date of death Nov 25 1941

Cause of death Hypertensive Heart Dis.

Interment at Rural Cem. Town
(Removal to new grave)

Date permit issued 8 Nov '48

Certified by M. D.

No. 51.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Agent, Board of Health
(Office issuing permit)City or Town of..... Southboro Mass.Name of deceased Edgethill I. Thomas

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on Nov 8, 1948 1 P.M.Certified by Walter M. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Clara Bell (Ellis)Age 73 years 3 months daysPlace of death Chestnut Hill, S.boroDate of death Nov 14 '48Cause of death Cancer of Brain & LungsInterment at Lake Delton, Wis.Date permit issued 11/15Certified by Le Marbas M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Frances C. Bouchard (^{née} Raney)Age 56 years 7 months daysPlace of death Bethelboro - homeDate of death Nov 15 '48Cause of death Hypertensive Heart Disease
Coronary ThrombosisInterment at Blue Hill Cem - BraintreeDate permit issued Nov 16 '48Certified by J. P. Stone M. D.

No. 53**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances C. Bouchard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Blue Hill Cemetery
(Name of cemetery or crematory)on November 18, 1948Certified by Arthur W. Dralle
(Signature of Superintendent, cemetery or crematory) E.D.W.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Seymour O. Wood
Hopkinton.

Name of deceased Cordelia (Boucher) Dagenais

Age 93 years 5 months 27 days

Place of death Oak Hill Rd.

Date of death 11/24/48

Cause of death Cardiac Decomp.
A.S Heart Dis.

Interment at Rural - Southboro.

Date permit issued Nov 26, 1948

Certified by M. D.

No. 54.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Agent, Board of Health
(Office issuing permit)City or Town of..... Southboro..... Mass.Name of deceased Cordelia (Boucher) Dagenais

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on November 27, 1948 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm M. Tighe.

Name of deceased Thomas F. Connors.

Age 71 years — months — days

Place of death E. Main Sr.

Date of death Nov 29 '48

Cause of death Carcinoma of Rectum

Interment at St. Michael - Hudson

Date permit issued Nov 29 '48

Certified by C. W. Smith M. D.
Marlboro.

No. 55

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Thomas F. Connors

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michael's
(Name of cemetery or crematory)on Dec 1, 1948Certified by E. H. Connors
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John J. BrownName of deceased Ada M. TaylorAge 70 years months daysPlace of death Baker Rest HomeDate of death Nov 30 '48Cause of death BronchopneumoniaInterment at Maplewood Cem., MarlboroDate permit issued Dec 2 '48Certified by J. J. Annunziata M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe, Marlboro

Name of deceased Harold E. Fay

Age 24 years 1 months 19 days

Place of death Overseas - ~~Overseas~~

Date of death May 19, 1944

Cause of death not stated

Interment at Rural Cem., Southboro

Date permit issued Dec 10 '48

Certified by Army Stickler NY 019 R M. D.

No. 57

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Corp. Harold E. Fay

If a U. S. War Veteran, specify what war, organization, etc.

WW II, 5th Arm'd Div., 757 Tank Bn., Co. B**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on December 11, 1948 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

1 PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
		STANDARD CERTIFICATE OF DEATH		Registrar's No. _____	
(County)		 St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		(City or town)	
No. _____				(If deceased is a married, widowed or divorced woman, give also maiden name.)	
2 FULL NAME <u>CPL Harold E Fay</u>		(a) Residence No. <u>Pleasant</u>		St. <u>Fayville</u> (If nonresident, give city or town and State)	
Length of stay: In hospital or Institution (Before death) (Specify whether)		years	months	days.	In this community yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Single</u>	
5a If married, widowed, or divorced HUSBAND of _____		(Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			
6 Age of husband or wife if alive _____ years		7 IF STILLBORN, enter that fact here.			
8 AGE <u>24</u> Years <u>1</u> Months <u>19</u> Days		If less than 1 day Hours Minutes			
Usual		9 Occupation: <u>Cabinet Makers</u>			
10 Industry		11 Social Security No. _____			
12 BIRTHPLACE (City) (State or country) <u>Fayville (SOUTHBORO)</u> <u>MASS.</u>		13 NAME OF FATHER <u>Johnnie Fay</u>			
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Italy</u>		15 MAIDEN NAME OF MOTHER <u>Selina Paluzzi</u>			
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Italy</u>		17 Informant <u>Johnnie Fay</u> (Address) <u>Southboro Mass</u> Relation, if any <u>Father</u>			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
(Official Designation)		(Date of Issue of Permit)			
Received and filed _____					
A TRUE COPY ATTEST: _____					
(Registrar)					

No. 58

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Henry A. Harpin 93 Broad St
MarlboroName of deceased Delina DouselleAge 78 years — months — daysPlace of death Baker Rest HomeDate of death Dec 16 '48Cause of death Sudden Death - presumably
coronary sclerosisInterment at Sr. Mary's - marlboroDate permit issued Dec 17 '48Certified by Walter J. Mahoney M. D.
(med
exam)

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Irving W. HarperName of deceased George H. Woodard

Age 70 years 7 months 2 days

Place of death Southboro Southville Rd
..... SouthvilleDate of death Dec 24 '48Cause of death Sudden Death - presumably
Coronary ThrombosisInterment at Mr. Pleasant Cem., ArlingtonDate permit issued Dec 27Certified by Walter F. Mahoney *med*
..... *EX* M. D.

No. 59

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased George H. Woodard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mt. Pleasant Cemetery
(Name of cemetery or crematory)on Dec. 27, 1948Certified by M. G. Robinson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-1

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Eliza V. Hawland

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immac. Soncvt. Fern.
(Name of cemetery or crematory)

on Jan 14, 1949

Certified by J. G. Glennon
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Anthony PantanellaAge 61 years — months — daysPlace of death Cleveland, OhioDate of death Jan 13 '49Cause of death Cerebral HemorrhageInterment at Rural Gem, SouthboroDate permit issued Jan 18 '49

Permit #394

Certified by J. G. Smith M. D.

No. 49-2

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent B of H
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Anthony Pantanella

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)on January 18, 1949Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer L. GageName of deceased Harry Richardson LincolnAge 72 years 2 months 16 daysPlace of death Southbow - Newton St.Date of death 16 Feb '49Cause of death Coronary SclerosisInterment at Rural Cem'g - SouthbowDate permit issued Feb 17, '49Certified by Walter F. Mahoney M. D.

No. 41-3.....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Harry R. Lincoln

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on February 18, 1949 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer C. Gage. Parmenter.Name of deceased Bertha Elizabeth (Jewellotte) A.

Age 77 years 4 months 2 days

Place of death Baker Rest Home.Date of death Mar 3 '49Cause of death Coronary Occlusion.Interment at Pine Grove Cemetery Spencer.Date permit issued Mar 4 '49Certified by T. W. Smith M. D.

No. 49-4

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Bertha E. J. Parmenter

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*Pine Grove, Cem.
Corp.
Spencer, Mass.

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Cemetery
(Name of cemetery or crematory)on April 2 49Certified by Ray Wilday
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Michael J. LynchAge 78 years months daysPlace of death Baker Resr. HomeDate of death April 5, '49Cause of death Carcinoma - RectosigmoidInterment at Ammac. Concep. (Marlboro)Date permit issued April 6, '49Certified by John J. Lepore M. D.

No. 49-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Bonifacio Mass.Name of deceased Michael J. Lynch

If a U. S. War Veteran, specify what war, organization, etc.

no**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery, Marlboro
(Name of cemetery or crematory)on April 7, 1949Certified by John D. MacEachern
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer G. GageName of deceased Gora Isabelle (Howard) NewtonAge 86 years 4 months 16 daysPlace of death Main St., SouthboroDate of death April 14, 49Cause of death Acute Dilatation of The HeartInterment at Rural Cemetery, SouthboroDate permit issued April 16, 49Certified by J. D. Kable M. D.

No. 49-6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to. Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Gora J. H. Newton

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pural Cemetery, Southboro
(Name of cemetery or crematory)

on April 17, 1949

Certified by Walter M. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *John J. Brown*Name of deceased *Katherine McSweeney*

Age 77 years - months - days

Place of death *Baker Rest Home*Date of death *April 18, 1949*Cause of death *Sudden death, presumably
Contagious Thrombosis*Interment at *Immac. Concep., Marlboro*Date permit issued *April 18, '49*Certified by *Walter F. Mahoney* M. D.

No. 49-7

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Katherine McSweeney

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery

(Name of cemetery or crematory)

April 20, 1949onCertified by (Rev.) Francis L. Gallagher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe

Name of deceased Louis J. Gralton

Age 66 years 4 months - days

Place of death Marlboro Rd., Southboro

Date of death April 28 1949

Accident - struck by auto →

Cause of death fractures, hemorrhage, shock

Interment at Rural Cem'g - Southboro

Date permit issued April 28, 1949

med.
exam.

Certified by Walter F. Mahoney M. D.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Louis J. Grafton

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on May 30, 1949.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Dana J. Kidder

Name of deceased Grace Marion Kidder

Age 70 years 3 months 9 days

Place of death Altadena, Calif.

Date of death I - 15 - 49

Cause of death Coronary Thrombosis

Interment at South Los - Rural

Date permit issued I - 31 - 49

Certified by Roy D. Gilbert M. D.
Calif Bureau of Vital Statistics

No. 49-9

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Grace Marion Kidder

If a U. S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)on May 28, 1949Certified by J. M. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

REGISTRATION
DISTRICT NO.

1904

REGISTRAR'S
NUMBER

90

CERTIFICATE OF DEATH

STATE
FILE NO.

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1A NAME OF DECEASED—FIRST NAME Grace	1B MIDDLE NAME Marion	1C LAST NAME Kidder	2A DATE OF DEATH—MONTH, DAY, YEAR January 19, 1949	2B. HOUR 7:00 PM	
	3. SEX Female	4. COLOR OR RACE White	5. MARRIED, NEVER MARRIED, WIDOWED. Married	6. DATE OF BIRTH October 10, 1878	7. AGE (LAST BIRTHDAY) 70 YEARS	
	8A. USUAL OCCUPATION (GIVE KIND OF WORK DONE IF RETIRED, GIVE KIND OF WORK LIFE, EVEN IF RETIRED) Housewife		8B. KIND OF BUSINESS OR INDUSTRY Own Home	9. BIRTHPLACE (STATE OR FOREIGN) Vermont	10. CITIZEN OF WHAT COUNTRY? United States	
	11. NAME OF FATHER Mark Edward Slayton		12. MAIDEN NAME OF MOTHER Mary Jane Parkhurst		13. NAME OF SPOUSE (IF MARRIED) Dana Judson Kidder	
	14. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No		15. SOCIAL SECURITY NUMBER None		16. INFORMANT Dana Judson Kidder (Husband)	
	PLACE OF DEATH	17A. PLACE OF DEATH—CITY OR TOWN Pasadena		17B. LENGTH OF STAY (IN THIS PLACE) 3 days	17C. COUNTY Los Angeles	
		17D. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Huntington Memorial Hospital- 100 Congress Street				
	USUAL RESIDENCE WHERE DECEASED LIVED: (IF INSTITUTION, RESI- ENCE BEFORE ADMISSION)	18A. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1766 Bellford Avenue		18B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Rural Altadena	18C. COUNTY Los Angeles	18D. STATE California
	CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))	19-I. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH.		19-IA. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Thrombosis		3 days APPROXIMATE INTERVAL
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		19-IB. DUE TO Arteriosclerosis		Unknown BETWEEN
		19-IC. DUE TO				
19-II. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		19-II. OTHER SIGNIFICANT CONDITIONS				
OPERATIONS AUTOPSY	20A. DATE OF OPERATION	20B. MAJOR FINDINGS OF OPERATION			21. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DEATH DUE TO EXTERNAL VIOLENCE	22A. ACCIDENT SUICIDE HOMICIDE	22B. PLACE OF INJURY (E.G. IN OR FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	22C. LOCATION CITY OR TOWN	COUNTY	STATE	
	22D. TIME MONTH DAY YEAR HOUR OF INJURY M	22E. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK	22F. HOW DID INJURY OCCUR?			
PHYSICIAN'S OR CORONER'S CERTIFICATION	23A. CORONER'S: I HEREBY CERTIFY THAT I HAVE HELD AN <input type="checkbox"/> AUTOPSY <input type="checkbox"/> INQUEST, OR <input type="checkbox"/> INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.		23B. PHYSICIAN'S: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January 19, 1949 January 19, 1949 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE.			
	23c. SIGNATURE G.T. Burke	DEGREE OR TITLE M.D.	23d. ADDRESS 65 N. Madison Avenue- Pasadena	23e. DATE SIGNED Jan. 20-1949		
FUNERAL DIRECTOR AND REGISTRAR	24A. <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL	24B. DATE 21-1949	24C. CEMETERY OR CREMATORIAL Pasadena Mausoleum Crematory	25. SIGNATURE OF EMBALMER Wm. T. Stahlmann	LICENSE NUMBER 311	
	27. DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1949	28. SIGNATURE OF LOCAL REGISTRAR CHARLES W. ARTHUR- D.M.	26. SIGNATURE OF FUNERAL DIRECTOR Turner and Stevens Company By Max H. Turner	ADDRESS Pasadena		

Prop 378

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Local Registrar's Permit for Removal of Cremated or Interred Human Remains

THIS PERMIT DOES NOT AUTHORIZE
THE REMOVAL OF REMAINS NOT
PREVIOUSLY BURIED OR CREMATED

COUNTY OF Los Angeles

CITY OR TOWN OF Altadena

DATE THIS PERMIT ISSUED January 24, 1949

In accordance with the provisions of Section 7501 of the Health and Safety Code (Statutes of 1939, Chapter 60, as amended, permission is hereby granted to Dana J. Kidder, Husband of deceased

Name of applicant for this permit

to remove the cremated/interred remains of Grace Marion Kidder

Name of decedent

Age 70-3-9 Sex Female Place of death Pasadena, California Date of death Jan. 19, 1949

Cause of death Coronary thrombosis, Arteriosclerosis

From Altadena to Southboro, Massachusetts

State

to be delivered to Southboro Cemetery at destination.

Name of person, crematory, cemetery, etc.

Pasadena Mausoleum Crematory, Acting Agent.

*Roy O. Gilbert, Jr.
By Mae Morris*

Local Registrar of Vital Statistics Registration District No. 1970

THE PERSON RECEIVING THE REMAINS AT DESTINATION MUST FILL IN AND SIGN THE FORM BELOW
AND DELIVER THIS PERMIT TO THE LOCAL REGISTRAR OF THE REGISTRATION
DISTRICT IN WHICH DESTINATION IS LOCATED

DATE REMAINS RECEIVED

May 28, 1949

DISPOSITION OF REMAINS

Buried

Buried, stored, etc. Write the word.

SIGNED

Walter M. Offutt

This permit should be issued in triplicate. The original must accompany the remains to destination; the duplicate should be retained by the person delivering the remains for removal and the triplicate must be kept on file by the local registrar who issues it.

NOTE.—The law authorizing the issuance of this permit reads in part: Any person entitled by law to remove any remains may apply to the local registrar for a permit to remove them. The local registrar shall issue a permit, retaining a copy, for which permit he shall receive a fee of fifty cents to be paid him by the applicant for the permit.

FORM R-301A

California
 1 PLACE OF DEATH *Wellesley*
 (County)
 1 PLACE OF DEATH *Sayville*
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No.

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

INSTRUCTIONS
 FOR
 MEDICAL CERTIFICATEIn giving
 CAUSE OF DEATH

do not enter
 more than one
 cause for each
 of (a), (b) and (c)

This does not mean
 the mode of dying, such
 as heart failure, asthenia,
 etc. It means the disease,
 or complications which
 caused death.

Morbid conditions,
 if any, giving rise to the
 above cause (a) stating
 the underlying cause
 last.

Conditions contrib-
 uted to the death but not
 related to the disease or
 condition causing death.

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH			PERSONAL AND STATISTICAL PARTICULARS		
3 DATE OF DEATH (Month) <i>Jan</i>	19 (Day) <i>19</i>	1949 (Year)	6 SEX <i>Female</i>	9 COLOR OR RACE <i>White</i>	10 SINGLE MARRIED WIDOWED or DIVORCED <i>Married</i>
4 I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....			10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) <i>Leana J. Brooks</i> (or) WIFE of..... (Husband's name in full)		
5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Edema of the lungs</i>			11 INTERVAL BE- TWEEN ONSET AND DEATH	11 IF STILLBORN, enter that fact here.	
6 ANTE CEDENT (b) CAUSES Due To (c)				12 AGE 70 Years 3 Months 9 Days If under 24 hours Hours Minutes	
7 OTHER SIGNIFICANT CONDITIONS Major findings: Of operations.....				13 Usual Occupation: <i>House</i> (Kind of work done during most of working life)	
8 Date of operation..... Was autopsy performed? What test confirmed diagnosis?.....				14 Industry or Business:.....	
9 Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed)....., M. D. (Address)..... Date..... 19.....				15 Social Security No.	
10 PARENTS Place of Burial or Cremation <i>Rural</i> <i>Soultors, Mass</i> (City or Town)				16 BIRTHPLACE (City) (State or country) <i>Bloodstock, Vermont</i>	
11 DATE OF BURIAL <i>May 26</i> 1949				17 NAME OF FATHER <i>Mark E. Slayton</i>	
12 NAME OF FUNERAL DIRECTOR <i>Edmund & Leona Brooks</i>				18 BIRTHPLACE OF FATHER (City) (State or country) <i>Vermont</i>	
13 ADDRESS <i>Edenway Lane, Mass</i>				19 MAIDEN NAME OF MOTHER <i>Mary Jane Parkhurst</i>	
14 Received and filed.....				20 BIRTHPLACE OF MOTHER (City) (State or country) <i>Vermont</i>	
				21 Informant (Address) <i>Leana J. Brooks</i> <i>Pasadena, Calif., Mass.</i>	
				I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:	
				(Signature of Agent of Board of Health or other)	
				(Official Designation)	
				(Date of Issue of Permit)	

No. 49-10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Mr. Robt S. Morse

170 Westford St,

Issued to Lowell, Mass.

Name of deceased John Thomas Lowe
10 Marlboro Rd., Southboro

Age 82 years 10 months 9 days

Place of death Southboro

Date of death May 31 '49

Cause of death Coronary Thrombosis

Interment at Westlawn Cem. Lowell 6/3

Date permit issued 6/2/49

Certified by Dominic Fiorentino M. D.

No. 49 - 10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John Thomas Lowe

If a U. S. War Veteran, specify what war, organization, etc.

none**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Westlawn Cemetery
(Name of cemetery or crematory) Lot 25on June 3 1949 Sec 4Certified by Orvin P. McKeugie Gr 1
(Signature of Superintendent, cemetery or crematory)
Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm M. Zighe

Name of deceased John J. Colleary

Age 83 years — months — days

Place of death Lattisquama Rd.

Date of death June 8, '49

Cause of death Acute Dilatation of Heart -
Arteriosclerosis

Interment at Rural - Southlow

Date permit issued June 9, '49

Certified by Josephine D. Kable M. D.

No. 49-11

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John J. Colleary

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on June 10, 1949Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Zighe

Name of deceased Anna C. Brown

Age 59 years 2 months days

Place of death Maple St., Fayville

Date of death June 25, 1949

Cause of death *Carcinoma of left breast.*

Interment at Rural Cemetery, Southboro

Date permit issued June 25, 1949

Certified by Roland S. Newton M. D.

No. 49-12

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Anna C. Brown

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Parad. Cem. Southboro
(Name of cemetery or crematory)on June 27, 1949Certified by Walter M. Officer
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Wm. M. TigheName of deceased Bert CourtemancheAge 60 years — months — daysPlace of death Scranton PaDate of death 7-17-49Cause of death Ch. MyocarditisInterment at Rural Cem'g, SouthboroDate permit issued July 21, 49Certified by Pearle Reese Registrar Scranton M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Bert Comteanche

If a U. S. War Veteran, specify what war, organization, etc.

unknown

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on July 21, 1949

Certified by J. M. O'Flutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer L. GageName of deceased Juliet (marshall) PageAge 93 years 4 months 5 daysPlace of death Commons Rear HomeDate of death July 21 '49Cause of death Chronic Myocarditis (Arterio-sclerosis)Interment at Maplewood - MarlboroDate permit issued July 22 '49Certified by G. W. Smith M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to R. Heath Onthank
(member of family)Name of deceased Genevieve M. Farris

Age ? years months days

Place of death ? Hempstead, L.I., N.Y.

Date of death ?

Cause of death ?

Interment at Rural Cem'g, S. BronxDate permit issued July 25 '49Certified by United States Cremation Co. Ltd.
Middle Village, L.I.

No. 49-15

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Bd. of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Genevieve M. Farris

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on July 25, 1970Certified by S. M. K. Flatt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



THE UNITED STATES CREMATION CO., LTD.

(FRESH POND CREMATORY AND COLUMBARIA)

INCORPORATED 1884

61-40 MOUNT OLIVET CRESCENT

MIDDLE VILLAGE, L. I., N. Y.

Telephone HEgeman 8-9700-9701

Date July 24, 1949

Cremation No. 90185

This Certifies, That

Genevieve M. Farris

has been cremated at the Fresh Pond Crematory on

July 24, 1949 by authority of Cremation Permit

No. 979 issued by the Department of Health of

the TOWN OF HEMPSTEAD County

of NASSAU dated July 23, 1949

The UNITED STATES CREMATION CO., Ltd.

(Fresh Pond Crematory)

L. B. Hooney Jr.

Superintendent

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *John J. Brown*Name of deceased *Ida L. Bagley*Age *64* years months daysPlace of death *E. Main St., Southboro*Date of death *August 20, 49*Cause of death *Adenocarcinoma of Colon*Interment at *Rural Cemetery, Southboro*Date permit issued *Aug 22, 49*Certified by *Maurice E. Costin* M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Ida L. Bagley

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rufal Cemetery, Southboro
(Name of cemetery or crematory)

on August 23, 1949 3 P.M.

Certified by Walter McGlynn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Albert Sewall WoodwardAge 73 years 0 months 29 daysPlace of death Oak Hill Rd, FayvilleDate of death Sept 29 1949Cause of death Cerebral HemorrhageInterment at Lakeview Cem, WakefieldDate permit issued Sept 30, '49Certified by Roland S. Newton M. D.

No. 49-17

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Albert S. Woodward

If a U. S. War Veteran, specify what war, organization, etc.

— no —

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Lakeside Cemetery
(Name of cemetery or crematory)

on Oct. 3, 1949

Certified by G. E. Carter
(Signature of Superintendent, cemetery or crematory)

S. L.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Edgar F. ChickAge 86 years 11 months 11 daysPlace of death Melendy Rest HomeDate of death Nov. 3, 1949Cause of death Atherosclerotic Heart DiseaseInterment at Maplewood - MarlboroDate permit issued Nov. 4, 1949Certified by B. W. Smith M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Emily Little MinerAge 66 years 10 months 10 daysPlace of death Ward RdDate of death Nov 4 '49Cause of death Carcinoma of Breast
Cerebral MetastasisInterment at Forest Hills, BostonDate permit issued Nov 4 '49Certified by C. W. Smith M. D.

No. 49-19

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Emily Little Miner

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETERY
(Name of cemetery or crematory)

NOV 7 19

on 19

Certified by B. B. B. & R. B. B.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Hannah M. O'ConnellAge 63 years — months — daysPlace of death Fisher Rd.Date of death Nov 28, 1949Cause of death Pancinoma of lungs.Interment at Immac. Conception, Marl.Date permit issued Nov 30, '49Certified by Raymond Johnson .. M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro, Mass. Mass.

Name of deceased Hannah M. O'Connell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at T. C. Sem.

(Name of cemetery or crematory)

on Dec 1, 1949

Certified by J. S. S.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John J. Brown - MarlboroName of deceased Eliza V. HankardAge 76 years — months — daysPlace of death Baker Res. HomeDate of death Jan 11, '49Cause of death Diffuse arteriosclerosisInterment at Immac. Concep. - MarlboroDate permit issued Jan 13 '49Certified by John F. Collins M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. SageName of deceased Wallace Mortimer WryeAge 85 years 6 months 18 daysPlace of death E. Main St.Date of death Jan 30, 1950Cause of death Atherosclerotic Heart Disease.Interment at Rural Bem, SouthbowDate permit issued Jan 31, 1950Certified by Roland S. Newton M. D.

No. 50-1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Wallace M. Wrye

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on February 1, 1950 3 P.M.

Certified by Walter M. Offord
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Walter W. Watson & Son

Milford.

Name of deceased Ernest Marshall Leonard

Age 80 years — months — days

Place of death Mobile, Ala.

Date of death March 24, 1950

Cause of death not specified.

Interment at Rural — Town.

Date permit issued 30 Mar '50

W. W. Scales.

Certified by M. D.

STATE OF ALABAMA

STATE HEALTH DEPARTMENT

Bureau of Vital Statistics

VS-13

BURIAL-REMOVAL-TRANSIT PERMIT

Full name of deceased

Ernest Marshall Leonard

Burial Permit No.

Place of death

Mobile, Ala.

(Town or City)

(County)

Date of death

March 24 1950

Color

W

Sex

M

Age

80

Method of disposal

Transit

(Whether burial, cremation, transit, storage, etc.)

Southboro Mass

(County)

(State)

Funeral director

Higgins Mortuary

Address

Mobile, Ala.

In accordance with the laws of the State of Alabama, permission is hereby given
 to _____ to dispose of the body as above stated.
 (Funeral Director or person acting as such)

Dated at

Mobile, Ala.

this

25

day of

March

1950

Signature

W W Scales

(Registrar)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Burial permit issued on March 30 1950

(State whether cremated, buried, stored, etc.)

in

(Cemetery or crematory)

Made by Timothy P. Stone.

Signature

(Sexton or person in charge)

Agent Board of Health
SEE OTHER SIDE Southboro, Mass.

This Permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 5 days to the Registrar of the district in which the burial takes place.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Agent, Board of Health.
(Office issuing permit)City or Town of..... Southboro Mass.Name of deceased Ernest M. Leonard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Boro Cem. Southboro
(Name of cemetery or crematory)on May 29, 1950Certified by S. M. Abbott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Jessein + LedouxName of deceased Gedeon A. GouletAge 83 years — months — daysPlace of death School St., Southboro ^{1/2 Dmbr.}Date of death June 6, 1950Cause of death Cerebral EmbolusInterment at St. Mary's - MarlboroDate permit issued June 7, 1950Certified by Domenic Fiorentino M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *John L. Norton + Son.*Name of deceased *Kristina Flanders.*

Age 8 years — months — days

Place of death *Southville*Date of death *June 8, 1950*Cause of death *Arteriosclerotic Heart Dis.*Interment at *Rural - Southville*Date permit issued *6 - 9 - 50*Certified by *J. L. Stone.* M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Kristina Flanders

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on June 11, 1950 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Clementina BoselliAge 77 years — months — daysPlace of death Pleasant St., FangvilleDate of death June 18, 1950Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued June 20, 1950Certified by H. P. Stone M. D.

No. 50-5

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Agent Board of Health
(Office issuing permit)

City or Town of..... Southboro Mass.

Name of deceased Clementina Boselli.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on June 21, 1950 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-6

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe.Name of deceased Julia J. Fitzgerald.Age 84 years — months — daysPlace of death Marlboro Marlboro Rd.Date of death June 26 1950Cause of death Chronic Nephritis.Interment at Immac. Concep. - MarlboroDate permit issued 6/26/50Certified by Josephine Kable. M. D.

No. 50-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Julia G. Fitzgerald

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery, Marlboro
(Name of cemetery or crematory)on June 28, 1950Certified by Rev. Francis L. Gallagher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to S. O. Wood, Hawk

Name of deceased Lulu Jane (Thayer) Russell

Age 69 years 5 months 2 days

Place of death Parkerville Rd.

Date of death July 21, 1950

Cause of death Coronary Thrombosis

Interment at Wildwood, Ashland

Date permit issued July 22, 1950

Certified by W. J. Cochrane M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Lulu Jane (Thayer) Bussell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Wildwood Cemetery
(Name of cemetery or crematory)

on July 23, 1950
Charles H. Stone

Certified by Charles H. Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer G. Gage *Walter?*Name of deceased John W. BakerAge 69 years 4 months 28 daysPlace of death Newton St., SouthboroDate of death August 5, 1950Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued Aug 7 '50Certified by Walter F. Mahoney M. D.

No. 50-8

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John W. Baker

If a U. S. War Veteran, specify what war, organization, etc.

Co E, 17th Engineer Railway-ATT Demol Det 2WW I**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)on AUGUST 8, 1950 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to King + Watson (Clinton)

Name of deceased Roy Emerald Williams

Age 71 years 9 months 24 days

Place of death Latisquama Rd., Southboro

Date of death Oct 3, 1950

Cause of death Acute Coronary Occlusion

Interment at Oak Hill Cemetery, Sterling

Date permit issued X-3-50

Certified by William J. Betinus M. D.

No. 50-9

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Roy E. Williams

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Oak Hill Cemetery
(Name of cemetery or crematory)

on Oct 5 1950

Certified by Supt Charles E. Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Flora H. BarnardAge 91 years 0 months 20 daysPlace of death Bangor, MaineDate of death Oct 8, 1950Cause of death Cerebral HemorrhageInterment at Rural - SouthboroDate permit issued Oct 12, 1950Certified by Luther S. Mason M. D.
109 State St., Bangor

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Flora H. Barnard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on Oct 12, 1956

Certified by Patricia M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Form D

STATE OF MAINE

BURIAL PERMIT

BANGOR

Me., OCT 8 1950

Permission is hereby given.

ROBERT E. LARTE

to remove and bury the remains of

FLORA H. BARNARD

in RURAL

Cemetery, Town of SOUTH HOBSON, MASS.

Date of Death OCT 8 1950, Age 81 years 0 months 20 day.

Place of Death 124 PARK VIEW AVE BANGOR ME Street

Cause of Death CEREBRAL HEMORRHAGE

Medical Attendant LUTHER S. MASON M.D.

No. Sally City or Town Clerk

(Over)

M.R.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Mary Ann (Shelton) HuttAge 86 years 9 months 18 daysPlace of death Middle Rd., SouthboroDate of death Oct 12, 1950Cause of death Arteriosclerotic Heart DiseaseInterment at Rural - SouthboroDate permit issued Oct 12, 1950Certified by Walter F. Mahoney M. D.

No. 50-11

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary A. Hutt

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on October 14, 1950 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Wm Tighe.*Name of deceased *Elizabeth Ginga.*Age *70* years *2* months *21* daysPlace of death *Pleasant St., Fangville.*Date of death *12/2/50*Cause of death *Pulm. Embolus.*Interment at *Rural Cem.*Date permit issued *12/4/50*Certified by *Peter Cotton* M. D.

No. 50-12

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eli'z. Ginga

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Purcell Camp, Southboro
(Name of cemetery or crematory)on Dec. 25, 1950Certified by Walter M. O'Neill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer GageName of deceased Millage BanksAge 79 years 11 months 13 daysPlace of death Turnpike, FairvilleDate of death Jan 29, 1951Cause of death Generalized arteriosclerosisInterment at Maplewood Cemetery, MarlboroDate permit issued Jan 30, 1951Certified by J. P. Stone M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Alice Mae McQuarieAge 72 years 1 months 7 daysPlace of death La Siesta Rest Home
Pasadena, Calif.Date of death Jan 23, 1951Cause of death Coronary ThrombosisInterment at Rural Cem'g - SouthboroDate permit issued 2-2-51Certified by Byron W. Gutheil M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Alice Mae McQuarie

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)

on February 3, 1951

Certified by Walter M. O'Flaherty
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper (Westboro)Name of deceased Pitt Harrison BoyingtonAge 51 years 1 months 28 daysPlace of death Deerfoot Rd, Southboro
(aronson farm)Date of death Feb 10, 1951
presumablyCause of death Sudden: Coronary SclerosisInterment at Lincoln Cemetery - Lincoln, Me.Date permit issued Feb 11, 1951Certified by Walter F. Mahoney M. D.

No. 51-3

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Pitt Harrison Boyington

If a U. S. War Veteran, specify what war, organization, etc.

undert, as yet

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Lincoln W. Pest.

(Name of cemetery or crematory)

on Feb. 13, 1951

Certified by L. O. Bartow F. D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. HarperName of deceased Lexie C. Johnson

Age 72 years 3 months 12 days

Place of death Northboro Rd.Date of death 3 / 15 / 51Cause of death sudden death - presumably coronary
sclerosis.Interment at Rural Cemetery - SouthboroDate permit issued 3 / 19 / 51Certified by Walter J. Mahoney - as medical
examiner. M. D.

No. 51-4

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Lexie G. Johnson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on May 19, 1957

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Amner C. GageName of deceased Ella R. H. SawinAge 85 years 6 months 19 daysPlace of death School St - Duarre HomeDate of death 3 / 28 / 51Cause of death Arterosclerotic Ht. Dis.Interment at Rocklawn - Marl.Date permit issued 3 / 29 / 51Certified by Albert E. LeMarbre M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. P. Rowe, MarlboroName of deceased Eliza Mulvey WinnAge 87 years — months — daysPlace of death Brighton Sr.Date of death 3 / 30 / 51Cause of death Cereb. Hemorrhage.Interment at Immac. Concep.Date permit issued 4 / 1 / 51Certified by Walter S. Cochran M. D.

No. 51-6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Agent, Board of Health
(Office issuing permit)

City or Town of..... Sudbury Mass.

Name of deceased Eliza Mulvey Winn

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery
(Name of cemetery or crematory)

on April 2, 1951

Certified by gbl
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Robert K. WadsworthName of deceased Greta Isabelle (Bailey) MainAge 62 years 2 months 9 daysPlace of death Marlboro Rd (c/o Badger)Date of death 4/24/51Cause of death Cerebral ThrombosisInterment at Oak Grove Cem.; West Haven, Conn.Date permit issued 4/26/51Certified by J. H. Ingalls M. D.

No. 51-7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Greta Main

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Oak Grove Cemetery, West Haven
(Name of cemetery or crematory) Conn.

on April 27, 1951

Certified by James H. Judd
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Dessein + Ledoux

Name of deceased Victoria L. Baldelli

Age 70 years 4 months — days

Place of death Pleasant St., Zaysville

Date of death May 2, 1951

Cause of death Cerebral Hemorrhage

Interment at Rural - Southboro

Date permit issued May 3, 1951

Certified by Timothy P. Stone, M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Victoria Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on May 5, 1951, 10 a.m.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to J. P. RoweName of deceased Carrie Greenwood Smith (Bunnell)Age 77 years 11 months 28 daysPlace of death McGovern House, FayvilleDate of death 5/30/51Cause of death General ThrombosesInterment at Edgett Grove Cemetery, BramDate permit issued 5/31/51Certified by J.P. Stone M. D.

No. S 1-9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Regent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Carrie G. Smith

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edgewood Cemetery, Framingham
(Name of cemetery or crematory)

on June 1, 1951

Certified by Wayne L. Morgan, Asst.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown + Son.Name of deceased Margaret NugentAge 80 years — months — daysPlace of death Marlboro RdDate of death 6/4/51Cause of death Sudden Death, presumably
coronary Thrombosis.Interment at Immac. Convent. Marl.Date permit issued 6/5/51Certified by W. F. Mahoney M. D.

No. 51-10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Margaret Nugent

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery
(Name of cemetery or crematory)on June 7, 1951Certified by Rev. F. L. Gallagher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. OffenstName of deceased Mary E. Balloch.

Age 92 years — months — days

Place of death Manchester, N.H.Date of death 8/8/51Cause of death Acute Coronary Occlusion.Interment at Rural Cemetery, SouthboroDate permit issued 8/10/51Certified by Stanley Yndick M. D.
manchester, N.H.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Bd of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary E. (Whitney) Balloch

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on August 10, 1951 2 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *Walter M. Offutt*Name of deceased *Ella Jackson*

Age years — months — days

Place of death *City of N.Y.*Date of death *3 Permit dated 8/24/57*Cause of death *?*Interment at *Piney Creek, South Bronx*Date permit issued *Sept. 1, 1957*Certified by *The U.S. Cremation Co.* M. D.

#7373

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Ella Jackson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural, Southboro
(Name of cemetery or crematory)

on Sept. 7, 1951

Certified by Walter McOllie
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



THE UNITED STATES CREMATION CO., LTD.
(FRESH POND CREMATORY AND COLUMBARIUM)

INCORPORATED 1884

61-40 MOUNT OLIVET CRESCENT
MIDDLE VILLAGE, L. I., N. Y.

Telephone *HEgeman* 3-9700-9701

Date August 25.

19 51

Cremation No. 97036

This Certifies, That

ELLA JACKSON

has been cremated at the Fresh Pond Crematory on
August 25. 19 51 *by authority of Cremation Permit*
No. 7373 issued by the Department of Health of
the City of New York, NY. County
of Queens dated August 24. 19 51

The UNITED STATES CREMATION CO., Ltd.

(Fresh Pond Crematory)

Henry J. Hoblin
Superintendent

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper

Name of deceased Grace L. Bingham

Age 72 years — months 22 days

Place of death Southville

Date of death Sept 17 '57

Cause of death carcinoma of lung

Interment at Rural Cemetery, Southboro

Date permit issued 9/20/57

Certified by W. Cochrane M. D.

No. SI-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Grace L. BinghamIf a U. S. War Veteran, specify what war, organization, etc.
 ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on September 20, 1951 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John L. Norton + SonName of deceased Mrs. Lucy (Owen) HeckleAge 79 years 10 months 4 daysPlace of death Middle Rd., SouthboroDate of death 10 / 30 / 51Cause of death Coronary ThrombosisInterment at Mt. Auburn - HopkintonDate permit issued 10 / 30 / 51Certified by Timothy P. Stone M. D.

No. 51-14

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mrs. Lucy (Owen) Heckle

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at MT. Auburn Cemetery Lot #255 Grove #2
(Name of cemetery or crematory)on Friday Nov. 2 1951 N. L. McIntireCertified by N. L. McIntire
(Signature of Superintendent, cemetery or crematory)Town of Hopkinton
Cemeteries

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer G. GageName of deceased Nellie L. HowardAge 83 years 9 months 1 daysPlace of death Main St., SouthboroDate of death 20 Nov '57Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued 21 Nov '57Certified by David D. Sher M. D.

No. 51-15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Nellie L. Howard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on September 23, 1957

Certified by Walter M. Head
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Giving W. HarperName of deceased Mary A. UnderwoodAge 85 years 1 months 27 daysPlace of death School St., SmithboroDate of death Nov 25, 1951Hypostatic PneumoniaChronic myocarditisCause of death HypertensionAtherosclerosisInterment at Evergreen Cem. - WoodvilleDate permit issued Nov 26, 1951Certified by J. F. Annunziata

M. D.

No. 51-16

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary A. Underwood

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Evergreen Cemetery Woodville Mass.
(Name of cemetery or crematory)on Lot C 66 Grave 5 November 27/951Certified by N. L. McIntire
(Signature of Superintendent, cemetery or crematory)

N. L. MCINTIRE

SEXTON

TOWN OF WOODVILLE
Cemetaries

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. OffuttName of deceased Joseph J. Daniels

Age years months days

Place of death

Date of death 12-22-50Cause of death Fractured Neck (Auto Acc)Interment at Lot 6, Sec 12 → Lot 35 S, Sec C. WestDate permit issued 11-27-51Certified by See ltr attached
to this book M. D.

No. 51-17

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Joseph J. Daniels

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

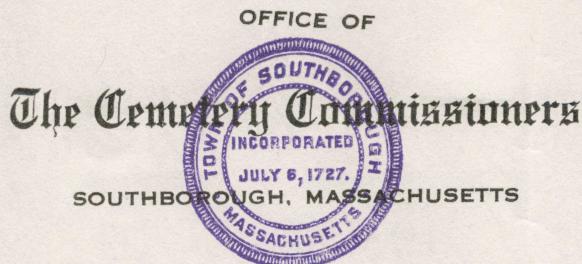
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on Nov. 24, 1951

Certified by Walter M. Elliott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



November 21, 1951

Board of Health
Southboro, Mass.

Gentlemen: Attn. Dr. T.P. Stone, Agt.

Will you please issue a Removal Permit, to the undersigned, for the removal of the remains of Joseph J. Daniels from Lot 6, Sec. 12 and to remove the same to and reinter said remains in Lot 35-S, Sec. C-West. The cause of death was a Fractured Neck (Automobile Accident), Dec. 22, 1950.

Authorization for this transfer has been received from the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

By: *Walter M. Offutt*
Walter M. Offutt, Supt.

Issued permit #51-17